2021 changes to your PEBB benefits (PEBB Continuation Coverage)

All changes are effective January 1, 2021 unless otherwise noted.

Kaiser Permanente of the Northwest will:

- Cover one hearing instrument per ear every five years at no cost, up to the plan's allowed amount (or, for Consumer-Directed Health Plan [CDHP] members, after the deductible is met). In-network providers may not balance bill you for this service.
- Change office visit copays to $25 for primary care and $35 for specialty care for Senior Advantage members.

Kaiser Permanente of Washington will:

- Cover one hearing instrument per ear every five years at no cost to the member up to an allowance of $1,400 for Medicare Advantage and Original Medicare members.
- Cover one hearing instrument per ear every five years at no cost up to the plan allowed amount for non-Medicare retirees (or, for CDHP members, after the deductible is met). In-network providers may not balance bill you for this service.
- Change office visit copays to $15 for primary care and $30 for specialty care for Medicare Advantage members.
- Increase the visit limit for acupuncture and chiropractic care for Medicare Advantage members.
- Increase the visit limit for chiropractic care for Original Medicare members.

Uniform Medical Plan (UMP) will:

- Add a new medical plan option called UMP Select, available to COBRA subscribers who are not enrolled in Medicare Part A or Part B and who have no dependents enrolled in Medicare Part A or Part B. This plan has the same covered services and provider networks as UMP Classic. Some cost shares differ, though. Learn more about UMP Select on the UMP website.
- Cover one hearing instrument per ear every five years at no cost, up to the plan's allowed amount (or, for UMP CDHP members, after the deductible is met). Providers may not balance bill for this service.
- Offer vision coverage through Vision Service Plan (VSP) providers.
- Add Chelan and Douglas counties to UMP Plus—Puget Sound High Value Network's (PSHVN) service area.
- Add The Everett Clinic to UMP Plus—PSHVN's provider network effective October 2020.
- Add Confluence Health to UMP Plus—PSHVN's provider network effective January 1, 2021.

UnitedHealthcare (UHC) will administer two new Medicare Advantage Prescription Drug (MAPD) plans. These plans offer Medicare Part D coverage and are available nationwide. They will be available to retirees and PEBB Continuation Coverage (COBRA) members who are enrolled in Medicare Part A and Part B. If a subscriber selects a PEBB Program MAPD plan, any non-Medicare members on the account will be enrolled in UMP Classic.

Visit the UHC website or call 1-855-873-3268 to learn more about these plans. UnitedHealthcare is offering virtual town halls in October and November to provide benefit details and answer your questions. Visit the HCA website for a schedule of these events.

Health savings accounts

The maximum annual contribution for health savings accounts will increase to $3,600 for individuals (up from $3,550 in 2020) and $7,200 for families (up from $7,100 in 2020). Subscribers ages 55 and older can continue to contribute an extra $1,000 per year.

Rule changes

All changes to PEBB rules that take effect January 1, 2021 will be available on the PEBB rules and policies webpage. A few rule changes are highlighted below.

- If a special open enrollment event (SOE) allows the enrollment of an extended dependent or a dependent with a disability, their enrollment will start the first day of the month after the event date or the eligibility certification, whichever is later.
- If an employee regains eligibility for PEBB benefits after a period of approved leave (as described in rules), and has a life event that creates an SOE at the same time, they will have 31 days to make new benefit elections.
- PEBB employers cannot terminate PEBB benefits while an employee is on Family and Medical Leave Act (FMLA) leave and their premiums are unpaid for 60 days.

PEB Board resolutions

The PEB Board passed resolutions that make the following changes:

- Create a new self-insured medical plan called UMP Select.
- Authorize two new Medicare Advantage Prescription Drug (MAPD) plans administered by UnitedHealthcare.

Covering a spouse or state-registered domestic partner for 2021?

Non-Medicare subscribers only: Even if you do not make plan changes, you may have to reattest to the $50 spouse or state-registered domestic partner coverage premium surcharge if you attested in 2020 and will continue to cover your spouse or partner on your PEBB medical in 2021.

If you have to reattest, the PEBB Program will mail a letter to you in late October. Starting November 1, you can also use PEBB My Account to find out if you must reattest. If required, you must reattest by November 30, 2020. If you are required to reattest but do not, or if your attestation means you will incur the surcharge, you will be charged the monthly $50 surcharge in addition to your monthly medical premium starting January 1, 2021.

To learn more, visit the HCA's website and click on *Surcharges*.

Remember, Medicare doesn't mix with CDHPs, UMP Select, or UMP Plus!

If you or a covered dependent enrolls in Medicare while you are enrolled in UMP Select, a UMP Plus plan, or a consumer-directed health plan (CDHP) with a health savings account (HSA) in 2021, you must change your PEBB medical plan or remove the Medicare-eligible dependent from your coverage. The dependent you remove would not be eligible for PEBB Continuation Coverage.

You may also want to consider changing your medical plan during the PEBB Program's annual open enrollment. If you wait until you or a covered dependent enrolls in Medicare to change medical plans, you will need to choose a new plan no later than 60 days after your or your dependent's enrollment in Medicare. (Exceptions apply if you select a new Medicare Advantage Prescription Drug plan). The effective date of your plan change will be the first of the month after the date your medical plan becomes unavailable, or the date we receive the required form, whichever is later. If that day is the first of the month, the plan change begins on that day.

If you are enrolled in Medicare and a CDHP with an HSA, you will be responsible for any tax penalties that result from contributions to your HSA after you are no longer eligible. Plus, any amount you've paid toward your deductible and out-of-pocket maximum during the plan year will be lost–you'll have to start over with your new medical plan.

How to tell the two Delta Dental plans apart

The PEBB Program offers two Delta Dental plans: DeltaCare and Uniform Dental Plan (UDP). Sometimes members intend to enroll in one Delta Dental plan but accidentally enroll in the other. During open enrollment, be careful to choose the one you want.

DeltaCare (Group 3100) is a managed-care plan. You must choose a primary dental provider within the network. This plan will not pay claims if you see a provider outside of their network.

UDP (Group 3000) is a preferred-provider plan. You may choose any dental provider, but you will usually have lower out-of-pocket costs if you see network providers.

Don't forget! Before you enroll in a dental plan, check with the plan to see if your dentist is in the plan's network and check the group number. You can check by calling the dental plan's customer service or use the dental plan network's online directory.